

P08000059119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

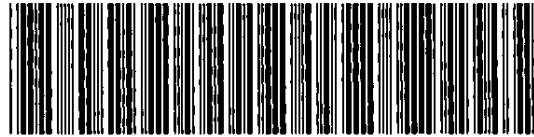
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300131223273

06/24/08--01007--020 **35.00

FILED

RECEIVED

08 JUN 24 AM 11:29

2008 JUN 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT RETURNED
TO AGENCY OF FILING
SUFFICIENCY OF FILING

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Art. of Cor.

G. Goulette

JUN 24 2008

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Complete Home Health, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

x (Correction)

Examiner's Initials

ARTICLES OF CORRECTION

for

COMPLETE HOME HEALTH, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P08000059119

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 06-17-08

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Articles II, IV, V, VI.

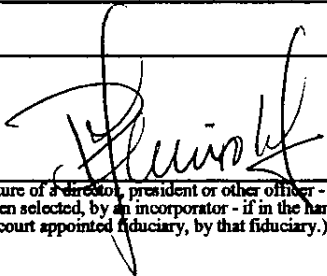
incorrect ZIP CODE 33012

Correct the inaccuracy, incorrect statement, or defect:

Articles II, IV, V, VI

CORRECT ZIP CODE 33018

FILED
08 JUN 24 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Barbara A. Toledo

(Typed or printed name of person signing)

President.

(Title of person signing)

Filing Fee: \$35.00